

MEMORANDUM

Texas Department of Human Services Long Term Care Policy * Survey and Certification Clarification

TO: Long Term Care-Regulatory
Regional Directors and State Office Managers

FROM: Evelyn Delgado
Assistant Deputy Commissioner
Long Term Care-Regulatory

SUBJECT: Nurse Referrals for Failure to Perform Cardiopulmonary Resuscitation (CPR) -
S&CC #03-02

DATE: January 27, 2003

Licensed nurses have been referred to their licensing board for failure to perform CPR according to facility policy on residents who are found dead (unwitnessed death) and do not have a "Do Not Resuscitate" (DNR) order.

According to the 2001 American Heart Association, BLS (Basic Life Support) for Healthcare Providers," prompt initiation of CPR remains the standard of care except when rigor mortis, lividity, tissue decomposition or obvious fatal trauma are present. Rescuers who initiate BLS should continue until one of the following occurs:

- Restoration of effective spontaneous circulation and ventilation;
- Transfer of care to emergency medical responders or other trained personnel who continue BLS or initiate advanced life support;
- Transfer of care to a physician who determines that resuscitation should be discontinued;
- Inability to continue resuscitation because of exhaustion, because environmental hazards endanger the rescuer, or because continued resuscitation would jeopardize the lives of others;
- Recognition of reliable criteria for determination of death; or
- Presentation of a valid "no-CPR" order to the rescuers.

The above-referenced American Heart Association BLS manual suggests that "nursing homes develop and implement institutional guidelines for providing CPR to, or withholding CPR from their residents. Care plans for residents should be individualized because CPR may not be indicated for all residents. Guidelines for withholding or initiating CPR should be based on clinical criteria and patient preferences."

The surveyor should determine if appropriate actions were taken in response to finding a resident who is unresponsive and without vital signs. Some aspects the surveyor may want to consider include: Did the nurse know the resident's code status? Did the nurse check for lack of vital signs--absence of pulse, blood pressure, and respiration? What was the skin color--pale, gray or cyanotic? What was the skin temperature--cool or cold? Was dependent lividity present? Did the nurse call for help? Was the physician notified? What was documented on the resident's care plan?

Surveyors are reminded to look closely at all facts before referring a nurse (RN or LVN) to the nurse's board for not performing CPR according to facility policy. The nurse may not have followed facility policy; however, the nurse's actions may have been appropriate, which would not merit referral to a board.

[signature on file]

Evelyn Delgado

ED:mg